



# SEA TRAVEL REIMBURSEMENT FORM

Trip Number: \_\_\_\_\_

SEA5310-39 V2.2 (09/99)

Submit original receipts with this Expense Report to:  
Science and Engineering Alliance, Inc.  
1522 K Street, N.W., Suite 210  
Washington, D.C. 20005

For Assistance, please call:  
(202) 842-0388/h.adasi@sea2.org  
(202) 842-0403 - Fax

A Unique Resource for the Nation

Employee Name (Last, First, MI)		Social Security No.	Daytime Tel.: (    ) Fax No.: (    ) E-mail:
For expenses from _____ through _____ (Date) (Date)		# Personal days # Business days	Mailing Address:
<b>Business Purpose:</b> <input type="checkbox"/> Steering Committee Mtg. <input type="checkbox"/> Programmatic Travel <input type="checkbox"/> Design Team Mtg. <input type="checkbox"/> Other _____ <input type="checkbox"/> Board Meeting Please provide details below:		<b>Traveler's Status:</b> <input type="checkbox"/> SEA Headquarters <input type="checkbox"/> Consultant <input type="checkbox"/> SEA Faculty <input type="checkbox"/> Other _____ <input type="checkbox"/> SEA Student	

Date							
From Location							
Depart Time							
To Location							
Arrival Time							

BUSINESS EXPENSES								TOTALS
1	Airfare							1
2	Rental Car, Local							2
3	Rental Car, Bus Area							3
4	Rental Car Gas							4
5	Parking							5
6	Ground Transport							6
7	Other Transport*							7
8	Private Auto Mileage*							8
9	Lodging							9
10	Phone Calls							10
11	Daily Exp Allowance							11
12	Misc Expenses*							12
13	Total Lines 1-13							13

If any of the following apply, please note below, and explain in the \*Explanation of Business Expenses section:

- Has the airline ticket provided to you by SEA been exchanged, reissued, or refunded? ☐ Yes ☐ No
- Did you travel to the business point via personal auto for reasons of personal convenience? ☐ Yes ☐ No
- Will any portion of these expenses be reimbursed by a source other than SEA? ☐ Yes ☐ No

Prepaid SEA Airfare - \_\_\_\_\_  
Other SEA Prepaid\* - \_\_\_\_\_  
Advance(s) from SEA - \_\_\_\_\_

Net Due ☐ SEA ☐ Traveler 0.00

## \*EXPLANATION OF BUSINESS EXPENSES (required for items marked with asterisk)


## COST DISTRIBUTION (to be completed by SEA Headquarters only)

Account Number	Percent Amount	Travel/Program Description	Verified by:	Date

I certify the foregoing is, to the best of my knowledge, a true statement of allowable expenses incurred for the official business of SEA.

§ I certify that these expenses represent official SEA business and authorize allowable expenses to be costed to the accounts listed.

Science and Engineering Alliance

\_\_\_\_\_  
Traveler's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date